



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION

NEW LICENSE APPLICATION
BOARD OF NURSING

Please read instructions before completing this form. If you have any questions, call HPLA Customer Service at 1-(877)-244-1689, Monday through Friday, 8 to 4 EST. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).

Section 1. REQUEST LICENSE TYPE/FEEES

LPN RN

Licensure by Examination \$143.00

Licensure by Re-Examination \$65.00

Licensure by Endorsement \$176.00

APRN

Licensure by Endorsement \$287.00

Nurse Anesthetist

Nurse Practitioner

Nurse Midwife

Clinical Nurse Specialist

RN Currently Licensed in the District Adding APRN Authority \$156.00

DC RN License Number:

Nurse Anesthetist

Nurse Practitioner

Nurse Midwife

Clinical Nurse Specialist

Each Additional APRN Authority \$91.00

Duplicate Licenses (limit 5) \$26.00= \$

Total Enclosed \$

Make check or money order payable to Promissor

Mail To:

Department of Health
Health Professional Licensing Administration
Board of Nursing
717 14th Street, NW
Suite 600
Washington, DC 20005

Walk-in Service

Monday through Friday, 9 to 4 EST

717 14th Street, NW
Suite 600
Washington, DC 20005

HPLA ONLY

Check \$

Check #

Staff

Section 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name has changed at any point since you attended college or university, please complete Section 2a.

First Name

Last Name

MI

Suffix (Jr, Sr, etc.)

Social Security Number

Date of Birth (mm/dd/yyyy)

Place of Birth

Male Female

Gender

Section 2A. PREVIOUS NAMES

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by:	Marriage	Divorce	Court Order	Spouse Death Certificate
First Name	MI	Last Name	Suffix (Jr, Sr, etc.)	
Changed to current name by:	Marriage	Divorce	Court Order	Spouse Death Certificate
First Name	MI	Last Name	Suffix (Jr, Sr, etc.)	
Changed to current name by:	Marriage	Divorce	Court Order	Spouse Death Certificate
First Name	MI	Last Name	Suffix (Jr, Sr, etc.)	
Changed to current name by:	Marriage	Divorce	Court Order	Spouse Death Certificate
First Name	MI	Last Name	Suffix (Jr, Sr, etc.)	

Section 3A. HOME ADDRESS

Apartment	Suite	Floor	Number
Street Address 1			
Street Address 2			
City			
State	Zip Code + 4		
Phone	Fax	Email	

Section 3B. BUSINESS ADDRESS (Address to appear on License)

Company Name

Apartment

Suite

Floor

Number

Street Address 1

Street Address 2

City

State

Zip Code + 4

Phone

Fax

Email

Section 3C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by selecting the appropriate box. This will be the address to which all future licensing documents will be mailed

Home

Business

Section 4. NURSING SCHOOLS ATTENDED

List all nursing schools that you have attended, in reverse chronological order, beginning with the most recent at the top.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certification

Section 5. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a license. Provide letters of verification from original and current jurisdictions (if different).

Jurisdiction	Date License Was First Obtained	License Number

Section 6. SUPPORTING DOCUMENTS CHECK LIST

Please indicate the supporting documents you have included in this package or requested to be sent to the Board of Nursing. Keep a photocopy of all supporting documents for your records.

**HPLA
ONLY**

A.	Two recent passport-type photos of the applicant's face (approx. 2" X 2") with applicant's name printed on the back. Home snapshots or digital photographs are not acceptable.	Yes No	
B.	If a graduate of a nursing school other than in the United States and Canada, an official transcript of your Council for Graduates of Foreign Nursing Schools (CGFNS) certificate. * No copies accepted. Please indicate the country where your nursing school is located: USA Canada Other	Yes No	
C.	IF APPLYING BY EXAM - Official transcript (with seal) from the applicant's college or university. May be sent directly from the school, but is preferred that it accompany the application in a sealed envelope.	Yes No	
D.	Copy of most current license.	Yes No	
E.	Verification from your original state board of licensure. Please indicate state: If original license is current, no other verification is required.	Yes No	
F.	Verification from your current (if different from original) state of licensure. Please indicate state:	Yes No	
G.	Verification from Advanced Practice Registered Nurse Specialty Certifying Board Form.	Yes No	
H.	Copies of legal documents supporting all name changes.	Yes No	

Section 7. QUESTIONS**Applicants MUST answer all of the following questions**

Please answer questions A through K by placing an "X" in the appropriate boxes. If you answer "Yes" to questions A through K below, you must provide full information and complete details on a separate sheet of paper, including copies of all relevant court documents, and attach to this form.

A.	<p>Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement. Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Health proceed immediately to revoke the license or permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to DC Official Code § 47-2864 (2001).</p> <p>IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR NEW LICENSE APPLICATION BE DENIED.</p> <p>As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia government as a result of any of the following:</p> <p>Fines, penalties, or interest assessed pursuant to DC Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985) Fines or interest assessed pursuant to DC Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994) Fines, penalties, or interest assessed pursuant to DC Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985) Past due taxes Past due District of Columbia Water and Sewer Authority service fees Fines or penalties assessed pursuant to DC Official Code Title 50, Chapter 23 (Traffic Adjudication)</p> <p>The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).</p>	Yes No	HPLA ONLY
B.	Have you ever been convicted of or investigated for a crime or misdemeanor (other than minor traffic violations) not previously reported to the Board?	Yes No	
C.	Have you ever been party to a malpractice action or had a malpractice action brought against you?	Yes No	
D.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	Yes No	
E.	Has any authority taken adverse action against your privileges or informed you of any pending charges not previously reported to this Board? (APRNs only)	Yes No	
F.	Have you ever surrendered your clinical privileges or had your clinical privileges denied, revoked or suspended at any hospital or health care facility? (APRNs only)	Yes No	
G.	Do you have a physical or medical condition that currently impairs your ability to practice your profession?	Yes No	
H.	Within the last ten (10) years, have you been treated for alcohol abuse, controlled substance abuse, prescribed medication abuse, or illegal drug abuse?	Yes No	
I.	(1) Have you withdrawn an application (in DC or any other state/jurisdiction) to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?	Yes No	
J.	Have you ever been terminated due to practice issues or moral turpitude issues since obtaining your (professional) license within the last ten (10) years?	Yes No	

Section 8. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

APPLICANT SIGNATURE

NAME (please print)

DATE

HPLA ONLY

To report waste, fraud, or abuse by any DC government office or official, call the DC Inspector General at 1-(800)-521-1639.